U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3275	2. Fiscal Year Covered From:			
	0 / 01 /2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Timothy A House	Name PLASTERERS LOCAL 265			
,	Labor Organization File Number 540216			
P.O. Box, Bidg., Room No., if any #386	P.O. Box, Building and Room Number, if any #386			
Street 3/2 CENTABLAUE	Street 312 CENTRAL AUE			
City Minneapolis	City MinneApolis			
State MINNESOTA ZIP Code + 4 55414	State MINNESOTA ZIP Code +4 55414			
5. Position in labor organization. Business Agent				
9 C. The Control of t	The second manufacture of the manufacture of the second se			
Enter appropriate data below if, during the past fiscal year, you or your spo except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions aet forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of			
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
The contract of the contract o				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	The second secon			
	7.b. Amount.			
Street				
City				
A	AND MALES AND			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Limothy House	on 1/7/2005 612-379-1515			
	DIA-3/1-13/5			

ne of Person Filing	File Number U- 3d	<u> </u>
Held an interest in or derived income or economic benefit with monetary values an interest in or derived income or economic benefit with monetary values an employer whose employees your labor organization represents or its active any part of which consists of buying from or salling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	age casking with the business sky seeking to represent, or receiv to or otherwise	
Name and address of Business (including trade name, if any). Itame Mo. Lath a Disserve Bureau Trade Name, If any: P.O. Box, Bidg., Room No., If any	B. Business deals with: a. Labor Organization b. Trust c. Employer	
Street: 10 100 100 100 100 100 100 100 100 100		तिमेरास्त्रहरू । स्टास्ट्रांसक् श्रेष्ट मा सिन्द्रोगराज र रोज पश्चिक
10. If B.b. or B.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	Industry Promotion	
Straet	Pd to Bur	
	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income receive.	\$135,776.20
State ZIP Code + 4	X mes Party	
C. Received from any employer (other than an employer covered	12.b. Amount.	125.00
or from any labor relations consultant to an employer any payment of ir	oney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name		
Trade Name, if any: P.O. Box, Bldg., Room No., If any		
Street	The second of th	
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant	7 14.b. Amount of payment.	

ne of Person Filling		ile Number U-32 /	5
leid an interest in or derived income or economic benefit with monetary vistantial part of which consists of buying from, saling or leasing to, or other employer whose employees your labor organization represents or is at any part of which consists of buying from or selling or leasing directly or is along with your labor organization or with a trust in which your labor organization.	anvise dealing with the pusiness dively seeking to represent, or indirectly to, or otherwise		
Name and address of Business (Including trade name, if any). Issue Mc (France, Shew, Rodense). Trade Name, if any: P.O. Box, Bidg., Room No., if any 2600 Street Mol Zip Code + 4 53402			turnagy ji — wa sajay saji un yang di kalin d
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name Plasterers & Cabineton km Halth Fund Trade Name, If any: P.O. Box, Bldg., Room No., If any \$500	Trust Fund	Attorny	
Street 3001 Metro Prive	11.b. Approximate dollar valu	e of such dealing	Unknown
City Blooming for	12.a. Nature of interest hel		
State Mn. ZIP Code + 4 53925	Trustee Mee	Ting Polina	
C. Received from any employer (other than an employer covere or from any labor relations consultant to an employer any payment of	d under parts A and B above) money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. is the Business an Employer or Consultani	14.b. Amount of payment	L.	

me of Person Filing		File Number U- 32	<i>75</i>
Held an interest in or derived income or economic benefit with monetary valuestantial part of which consists of buying from, selling or leasing to, or other an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or intelling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or linectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Trade Name, If any: 0.0. Box, Bidg., Room No., if any Street 5206 William Rd.	a. Labor Organizat b. Trust c. Employer	ion ·	
City Edina State Ma. ZIP Code + 4 55429	- Common of the		
10. If B.b. or B.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name Mp/s. Operative Plasterns Retirement Plan Trade Name, if any. P.O. Box, Bldg., Room No., if any \$500	Fund Mana	56/	
Street 300) Meto Drive	11.b. Approximate dollar val	ue of such dealing.	Unknown
City Bloomington	12.a. Nature of interest he	eld or income received	
State 75. ZIP Code + 4 55 425	Thareholder	Lunch	
	12.b. Amount.		125.00
C. Received from any employer (other than an employer covered to or from any labor relations consultant to an employer any payment of mo	inder parts A and B above) may or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment		
Name			
Trade Name, If any:			
P.O. Box, Bidg., Room No., If any	The state of the s		
Street			
City			
State ZIP Code + 4	- my farming		
13 h is the Business an Employer or Consultant ?	14.b. Amount of paymen	Ĺ	7

arme of Person Filing		File Number U- 33	75
Held an interest in or derived income or economic benefit with monetary value to batantial part of which consists of buying from, salling or leasing to, or otherwise an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indirectly or indirectly of the properties of the pr	e dealing with the business seeking to represent, or city to, or otherwise	Б	
Name and address of Business (Including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4	a. Labor Organiza	ation	
10. If 8.b. or 8.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dea	aling.	
Street	11.b. Approximate dollar v 12.a. Nature of interest h		
C. Received from any employer (other than an employer covered under	12.b. Amount. er parts A and B above)		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Sieben Grose, Carey LTO Trade Name, If any: P.O. Box, Bldg., Room No., if any Street Soo Marquette Ave.	or other thing of value. 14.a. Nature of payment X-/has		
City Mp/s. State 22. ZIP Code + 4 55 40 2	14.b. Amount of payme	int.	
13.b. is the Business an Employer or Consultant ?	1		\$ 60.00